



## Baltimore County Agricultural Center Equine Facility

### VOLUNTEER CONFIDENTIALITY AGREEMENT

- I understand that it is my ethical and professional obligation to respect the privacy of clients of the Baltimore County and keep confidential their identity, demographic information, and any other private information that I may acquire concerning their medical, social or personal conditions.
- I agree to maintain the confidentiality of all client information and the security of all paper and electronic records I come in contact with during my employment and/or as a volunteer. I agree to keep all paper and electronic records secure by following the data security policies and procedures of the Equine Facility. I fully understand that my agreement to preserve confidentiality applies during the hours I am working as well as when I am off duty.
- I will not reveal, discuss or mention any aspect of a client's medical or social history or health information, even if not linked to the person's name, except in situations that have been authorized by policy, as directed by my supervisor, or as required by law.
- I will not share my personal access code(s), user ID(s), access key(s) and/or password(s) used to access computer systems or other equipment, except as required by law. I will not give access to the building or any restricted areas to any persons without the express permission given by the Barn Manager.
- I will not discuss any confidential information pertaining to the clients in an area where unauthorized individuals may overhear such confidential information (public places, elevators, events, etc.). I understand that it is not acceptable to discuss any patient information in public areas even if specifics are not used.
- I understand if I mistakenly disclose any confidential information to an unauthorized person or entity, I will immediately report that disclosure to my supervisor and the Programs Director.
- I understand that if public health or client confidentiality is violated as a result of my behavior I may be subject to disciplinary action, up to and including dismissal, as well as civil and/or criminal penalties or actions.
- Upon dismissal from the Equine Facility, I shall continue to maintain the confidentiality of any information I acquired, and agree to return any access keys, data in any form, access cards, or any other device(s) that would provide access to the health care provider, client or their information.

My signature below indicates I agree with the terms and conditions of this Confidentiality Agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_